N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ITH UNFADING INK--THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING WRITE PLAINLY,

S No.

11	09399
PLACE OF DEATH	STATE OF MARYLAND
County Queen Unne	(B) CERTIFICATE OF DEATH_
near mill. A	Registration Dist. No. 256
Village or City Millington (No	St.: Ward) St.: Ward) A hospital or institution, give its NAME isstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Single Married, Wilbowed. OR DIVORCED (Write-the word)	16 DATE OF DEATH Sept. 2 1934 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1834 to 1834 that I last saw have alive on 19234,
7 AGE 1 day hrs. or min.	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Julianes particular kind of work	
(b) General nature of industry	3
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Cydulo Bryats Speondary
10 NAME OF FATHER UNKNOWN	(Signed) (Duration) (Signed) M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER UNKOWN	18 LINGTH OF RISIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathmosds. In the Statemosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) J. 13. Goodyear (Address) Millington, Med P.D.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sept. 5, 19.3.4
15 Filed Sept 2 1934 77 M Stuck	John a. Tobi Su millington Me
if more blanks are needed, address ttate Kegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e g.. Farmer or Planter, tion applies to e.ch and every person, irrespective ch fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. tired 6 yrs). to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation Automobile factory. The material Locomolive engineer, As examples: (a) (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) or as probably such, if impossible to determine definitely. st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid taken. For VIOLENT DEATHS state MEANS OF INJULY "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Ilaemorrhage, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature (Recommendations on statement of cause of tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, decident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09400
1. PLACE OF DEATH	92-00
County Lucen Prane	Registration Dist. No. 254
Village or City Mr dueenstown	
(16	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	. 2.3 ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Notest & Conver	
(a) Residence: No. nr. Sheenstakern	St. Ward.
(Usual place of about)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Colored Widower	(Mg/hth) (Oey) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Harriet Williams	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Sully 23-1862	I last saw h alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
73 / 1 33 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, es SPINNER, Farm Palerer	Milare He - Viller Signal
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked ey this occupation (month and) This occupation (month and) Saman Lin this	
SAW MILL, BANK, etc.	
spoint in this spoint in this spoint in this	
year) ccupation ccupation	Other Cuntributory Causes of importance:
12. BIRTHPLACE (city or town) - Sullin Charles Co.	
(State or country)	
# 13. NAME Prest Conyer	
13. NAME Prest Convers 14. BIRTHPLACE (city or town) Queen anne Co	Name of operation Dete of
(State of country)	What test confirmed diegnosis? Was there en autopsy?
I 15. MAIDEN NAME KLO THAT KENOW	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME has not know the service of the ser	Accident, suigide, or homicide?0ate of injury,19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT UT. Conjuste	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Wassing MA 18. BURIAL, CREMATION OR REMOVAL	
Place Brians Charles Dote Sent 19-1934	Manner of injury
10 : 61 00	Nature of injury
19. UNDERTAKER Deng. Atellion	24. Was disease or injury in any way related to occupation of deceased?
(Address) Stall Gond	If se, specify
on EUEN Cot. 81347/Veles, M. aldred	(Signed) Mayor De

(Address) _..

terr

Registra

Focal

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy .	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

ST

ATE OF	MARYLAND—CERTIFICATE OF DEATH	09401
H	82-0)	2-1

1. PLACE OF DEATH	82-20
County Men livere	Registration Dist. No. 254
Village or City Desouvelle	No. St Ward
Length of residence in city of town where deeth occurred 7.7 yrs. 3 fm	If death occurred in a hospital or institution, give its NAME instead of street and number)
20 - 08	s. 12ds. How long in U.S. if oI foreign birth? yrs. mos. ds.
2. FULL NAME	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Deta 14 193 4
5e, If merried, widowed, or altrorced	(Month) (Dey) (Yeer)
(or) WIFE of harles C. Cax	22. I HEREBY CERTIFY, Thet I attended deceased from
1 2: 195	, 19, to, 19
6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Days If LESS then	I last saw h elive on, 19; deeth is seid
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence
9 Trade professional and a section to	were es follows:
8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Porolum 1 house
9. Industry or business in which	vouvia pouroringe.
work wes done, as SILK MILL, SAW MILL, BANK, etc	
To. Dete deceased lest worked at about 11. Total time (years) this occupation (month and	
yeer) occupetion 4	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	other community cause of importance.
(Stete or country)	
II 13. NAME XO. C. Salvar	
14. BIRTHPLACE (city or town).	Neme of operation
1 (Stete of country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Dara Price	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Dara Pruch 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Many Color of Many euro	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	
Place Centreville Dete Septil 1934	Menner of injury
BAR	Nature of injury
19. UNDERTAKER Dartaes June (Address)	24. Wes disease or injury in eny wey related to occupation of deceased?
Just 16 211 760 m 00 1	II so, specify
20. FILED Lept. 19 34 delen 11. Illanda	(Signed) M. D.
For Cal Registrati	(Address) Actively 111

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. via trables
- 9.—The industry or business in which the work was done TTAD 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased fast worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Commence of the Commence of th	none and		
	Separate Pa	Interval A. (Assertance)	
Other contributory causes of importance:	- Sulfa	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	30AJ9		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[?] -----⁷m. w. state OCCUPA

Jo

item of pinous 09402

	Registration Dist. No. 25-(
	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s
	St., Ward.
)	If nonresident give city or town and State
RS	MEDICAL CERTIFICATE OF DEATH
IDOWED, the word)	21. DATE OF DEATH THE BERY CERTIFY That Lattended decay of from 22.
5'34	22. I HEREBY CERTIFY. That I attended deceased from 19
ESS than	be lave occurred on the dete stated above, at. 6:35.T.m.
hrs. min.	TME PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
s)	
٥)	
	Other Coutributory Causes of Importance:
	Name of operation Date of
	What test confirmed diagnosis?
	23. If death wes due to external causes (VIOLENCE) fill in also the following:
	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 19
)	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town counts and State)
)	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 19
	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town counts and State)
	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town counts and State)
, 19.3	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
) , 19.3 te	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
,, 19. <u>3</u>	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
, 19. <u>3</u>	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?

V. S. No.

2

19. UNDERTAKER

2D. FILED

1 day

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Other contributory causes of importance.		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND
County reen mes	CERTIFICATE OF DEATH
	Registration Dist. No. 2 13
Village or City Stevenssvell (No.	St.: Ward) (If death occurred in a hospital or institu-
XI I II I le	tion, give its NAME I:- stead of street and
2FULL NAME Shall rach 19. Ve	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH SON DE TOTAL
Male Colored OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I atended the deceased from
Jan 10 1/881	20 1034. 21 1034. Agr. 26, 1034
(Month) (Day) (Year)	that I last saw h Malive on Sept 25 1935
7 AGE	and that death occurred on the date stated above, at
4 7 yrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	antinos clemas
(a) Trade, profession or particular kind of work	
(b) General nature of industry	refuguration of corru
Susiness, or establishment in which employed or (employer)	apoplene 1933 (Duration) about & los laws
9 BIRTHPLACE	Contributory Stenvenaua Secondary
(State or country) Maryland	Duration of the most of de
10 NAME OF H	(Signed) Theodor Sattauries M. D.
nouver treen	11.12(34)
OF FATHER	*State the Disease Causing Death, or, in deaths from
Z (State or country) / Cur Slaud Mid	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
(State or country) lent Island product of Mother Muie Pobrison	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residenta)
OF MOTHER (State or Country)	At place of deathyrsmos,ds. In the Stateyrsmos,ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
alogio et	Former or usus residence
(Informant) Myaral Times	15 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Alleman Jale	levensvalle Cof Countery Sett 28,03 K
15 Filed Sept 26 124 J. C. Thomas Registrar	20 Who DERTAKER ADDRESS
Prose	16 W Sandar St. Police Providence V S. A. J.
ar more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

fulness of various pursuits can be known. The quescup-tion is very important, so that the relative healther," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of Starement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer

Strtement of Cause of Death—Name, first, the DISEAS: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, _Examples: Accidental drowning; Struck by railway train as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. "Enaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping Never report mere symptoms or terminal condi interstitial nephritis, or intercurrent) valvular etc. The contributory affection need Nomenclature Always qualify all heart disease; not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TION is very important. See instructions on back of certificate.

should state

-WRITE PLAINLY, WIT

М

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH County Lucen anne	Registration Dist. No. 754
Village or City Mr. Jucenstown	No. St., War If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foraign birth?
2. FULL NAME Mary Somer	
(a) Residence: No. M Sylenston (Usual place of abode)	St.,Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the world)	21. DATE OF DEATH (Month) (Day) (Year)
. If married, widowed, or divorced	
HUSBAND of John J Lacuer John Janes 91187)	1 HEREBY CERTIFY, That attanded daceesed fro
DATE OF BIRTH (month, day, and year) June 1875	I last saw h alive on alive on ideath is sa
AGE Years Months Days If LESS then	to heve occurred on the date stated above, atm.
5 9 8 0 ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Date of one:
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	
SAWYER, BOOKKEEPER, atc.	Coubid Kaemining
9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, atc	Court we them the
10. Data deceasad last workad at 11. Total tima (yaars)	
this occupation (month and opt 1/34 spent in this 4-04	20
2. BIRTHPLACE (city or town) many Cases (State or country)	Othar Contributory Causes of importanca:
2/ //	
Centralle	Name of a continu
14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of What tast confirmed diegnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
· · · · · · · · · · · · · · · · · · ·	Accidant, suicida, or homicide?
16. BIRTHPLACE (city or town) (Stata or country)	Where did injury occur?
7. INFORMANT John Hamer (Address) Contribute	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL CREMATION, OR REMOVAL	Mannar of Injury
Place toulatour Data Sept. 13, 1935	Natura of injury /
9. UNDERTAKER BR. Fellows (Addrass) Stell Pond Ond	24. Was diseasa or injury in any way related to occupation of decaasad?
0. FILED Sept. 12, 1934 Teleu M. aldis	(Signed) (Addrass) M.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
of importance were a	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis of the	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BURDAIL S.	1.1		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	200
man Athanie 11-7- Del	

STATE OF MARYLAND	CERTIFICATE OF DEATH 03400
County Of len aug's	7. (-5
County County	Registration Dist. No. 253
Village or City Class fer	No. St., Ware death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Comis Mouros	Kelley
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF OFATH 25 (Month) (Day) (Year)
5a. If married, with the HUSBAND of Qd die adoll Thomas	22. C. LHERERY CERTIFY. That I attended deceased from
(or) WIFE of addie Odell Thomas	Sept. 25 1.34, Sept 25 1.34
6. DATE OF BIRTH (month, day, and year) Syl. 7. 18 70	I last saw h sin alive on Sept 25 1934 death is sail
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.39.m.
64 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade profession or particular Adventiges	Orlens clerosis Date of onest
sawyer, BOOKKEEPER, etc.	A
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	sugue previos 193.
U 10. Oate deceased last worked at 11. Total time (years)	thorubis cornar Lest
this occupation (month and 14124) 143 spent in this year)	artires 1931
Cheste, WS	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	White UNIA 102
13. NAME 2 edicar teller.	143
13. NAME) eclical felley. 14. BIRTHPLACE (city or town)	Name of operation. Oate of
(State or country) Washing Ourse	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy? 22
15. MAIOEN NAME MATILAR VINCENT	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME NATURA CONTROL OF TOWN OF THE PROPERTY OF THE	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT TO GOOD M. Telley San	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Covestie, Maryland	Specify whether injury occurred in Moods KI, in Home, of Introduct FEACE,
18. BURIAL, CREMATION, OR DEMOVAL	Manner of injury
Place Children Md Oate Style 21, 1924	Nature of Injury
19. UNDERTAKER Butou / gras	24. Was disease or injury In any way related to occupation of deceased?
(Address) Caul Review, 7kg	If so, specify
20. FILED Sest 26., 1934 F.C. Thomas Registrar.	(Signed) Though Statement M. (Address) Stevens wille
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MADVI AND CEPTIFICATE OF DEATH

County Lucen Unne	Registration Dist. No. 2 1 2
Village or City Centreville, Md.	NoSt., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Shan J. Merger	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWFD, OR DIVORCED (write the word) Marketel	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of Colega Mercer	22. I HEREBY CERTIEY. That I attanded deceased fr
6. DATE OF BIRTH (month, day and year) Oct. 5-1857	I last saw half alive on 9-15, 1934; death is s
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at &m.
77 1/1 /2 1 day,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Minu hiphie
9. Industry or businass in which work was done, as SILK MILL.	Chemis Valery dise
work was done, as SILK MILL, SAW MILL, BANK, etc	of the heart
this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - Alle Reset - 4 - Character (State or country)	()
· 1 · 0 / 50	- Townson
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
(3146 01 5001117)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maria Holland	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?, 19
El.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Olya / Cheeke	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (estherille, Md. 18. BURIAL, CREMATION OR REMOVAL)	
Place Centrevelle Md. Date Sest, 19-1934	Manner of injury
B B 1 10 1	Nature of injury
19, UNDERTAKER 11, Canada Andrews	24. Was disease or injury in any way related to occupation of deceased?
Q 11 10 TIT Q D	If sa, specify White Same
20. FILED De Lt. 19. 19. 34 / James D. Busht.	(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.-WRITE PLAINLY,

should state

A PERMANENT RECORD. Every item of infor-PHYSICIANS

stated EXACTLY.

UNFADING INK-THIS IS MARGIN RESERVED

AGE should be

mation should be carefully supplied.

FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example 1	I	Example II	
The principal cause of importance were	e of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	S A AVENUE	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	ephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEST 8 100	July 5,1927	Peritonitis	3 days ago
1	GBAIDORG			
Other contributory.	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 Ä ż should state

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH U34U1
1. PLACE OF DEATH	<u> </u>
County Melle ague	Registration Dist. No. 253
Village or City Bresley	ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	
2. FULL NAME Stillow Ma	oh !
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR RIVORCED ("write the word)	21. DATE OF DEATH 24 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) So 24 1934	
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et 11.30 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	
10. Dete deceased lest worked at this occupation (month and year) occupation .	
12. BIRTHPLACE (city or town) Chester (State or country)	Other Contributory Causes of importence:
13. NAME JOHN Edward Mach	
14. BIRTHPLACE (city or town). Show the Man	Name of operation Date of Whet test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Slorence Cotobe Bauta	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Salto	Accident, suicide, or homicide?
17. INFORMANT John Edy Nach	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Levens of Jones Date Sept 25, 1934	Menner of injury
19. UNDERTAKER F. C. Javanoville (Address) Levengwille	24. Was disease or injury In any way related to occupation of deceased? If so, specify
20. FILED Sept 2 4, 1934 F. C. John as Focal Registrar.	(Signed) M. D. (Address) Development

1666 1 1300

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
SURBAU V. S.	20		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1940S
1. PLACE OF DEATH	<u> </u>
county Lucen flune	Registration Dist. No. 2 52
Village or City (entrevelle	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME S. Louise Rich	new total and the state of the
The state of the s	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Year)
5e. If married, widowed, or divoced HUSBAND of	A
(or) WIFE of Chas. F. Rich	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Nov. 23 - 1891	I last saw h. 4 alive on 27, 1934; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
62 10 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House wife SAWYER, BODKKEEPER, etc.	Hickory
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Indústry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end	munda
10. Date deceased last worked et this occupation (month end year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Suchs and Co	Other Contributory Causes of importance:
(State or country) — Md.	
13. NAME Jathan H Green) 14. BIRTHPLACE (city or town) & Celasore	
14. BIRTHPLACE (city or town) 4 Celascate	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an eutopsy?
I 15. MAIDEN NAME Colyabeth Monague	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Chyateth Montague 16. BIRTHPLACE (city or town) Julean anna Ca.	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT has filed the (Address) Centrerible; Md.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, AR REMOVAL 18. S. 130 -1	Manner of injury
Place outerall Dete Dete	Nature of injury.
19. UNDERTAKER J. A. Fellser	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 25/04 229, 1934 Hamis & Bright.	(Signed)
Some bloke and the Birth	N. Citation and Carlotte

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
13 2 7			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	119
County Lucen Um	Registration Dist. No. 237
Village or city plean Ingleside	No. St. Ward
(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME William Bradl Thous	as. How long in U.S. If of foreign birth?yrsmosds.
	year.
(a) Residence: No.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Sept 5- (Magnith) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Tuly 30 1933	liast saw hard alive on 9 - 1924; death is said
7. AGE Years Menths Days If LESS than	to have occurred on the date stated above, at 42 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Entirities Date of onzet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation.	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) dreen and the state of the state o	
13. NAME Bayword B. Thompson	
13. NAME / Sayrord Po. Thompson 14. BIRTHPLACE (city or town)	Name of operation
(State of country) while are are to	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Wildred In Milly	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Wildred In Milly 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) dally - Co. 1888.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Paygrand Thompson (Address) Handerson F. F. D	Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chesile Wire Date Stept 19 34	Nature of injury
19. UNDERTAKER Tom. A. Lved (Address) hunch Hill	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept 6, 1934 The Good Registrar.	(Signed) M. D. (Address) Wassell Md
If more blanks are needed, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requeling U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chromis intenstition and heitig	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURBAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			l

110111

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Lucley Unne	Registration Dist. No. 254
Village or City Grasonville	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred yrs, mos.	How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Jasques J. Wilker	ist.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH Sept. 22 - , 1937 (Year)
HUSBAND of (or) WIFE of Marcy F. Bolden	22. O I HEREBY CERTIFY That I attended daceased from 1935, to Light 1935
DATE OF BIRTH (month, day, and year) July 20 - 1872	I last saw h aliva on , 19 ; death Is said
AGE Years Months Days If LESS than	to have occurred on the data stated above, at $q_{}$
62 2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Orthorn Clarace 1933
Sundustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.	s olerosis y
10. Date deceased last worked at this occupetion (month and spant in this	found dead Sex
z. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	dies of embolia t
Que de la companya del companya de la companya del companya de la	cornay wares
14. BIRTHPLACE (city or town) (State or country)	Nama of operation Data of Data
	What test confirmed diagnosis? Was there an autopsy? 4
15. MAIDEN NAME ALO NOT RENOW	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
7. INFORMANT Wesley Welkins	Where did injury occur? (Specify city or town, sounty and State) Specify whether injury occurred in INDUSTRY, in HOME or in PUBLIC PLACE.
(Address) Geasumile, Mi	
8. BURIAL, CREMATION, OR REMOVAL Place Grassmille Mate Sept. 25,1934	Menner of injury
9. UNDERTAKER B. P. Fellows,	24. Was disease or injury In any way related to perupation of deceased? No
(Address) Stell Orna Ma	If so, specify Allower att Illaces M. D. (Signad)
O. FILED Deft. 23, 1934 Nelen M. aldudy	(Signad) Stereus Wile M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis •	1 year